



Aviation Real Estate Tax Reimbursement – Reimbursement Request Application Instructions Guide eGrants

Document History

The table below serves as a document history log to track the version number, date, and description of each change/revision applied to this document.

Version	Date	Version / Revision Description
1.0	10/5/2021	Final version delivered
1.1	10/31/2022	Updated based on the new changes
1.2	11/21/2022	Updated based on the new changes

Table 1. Document History

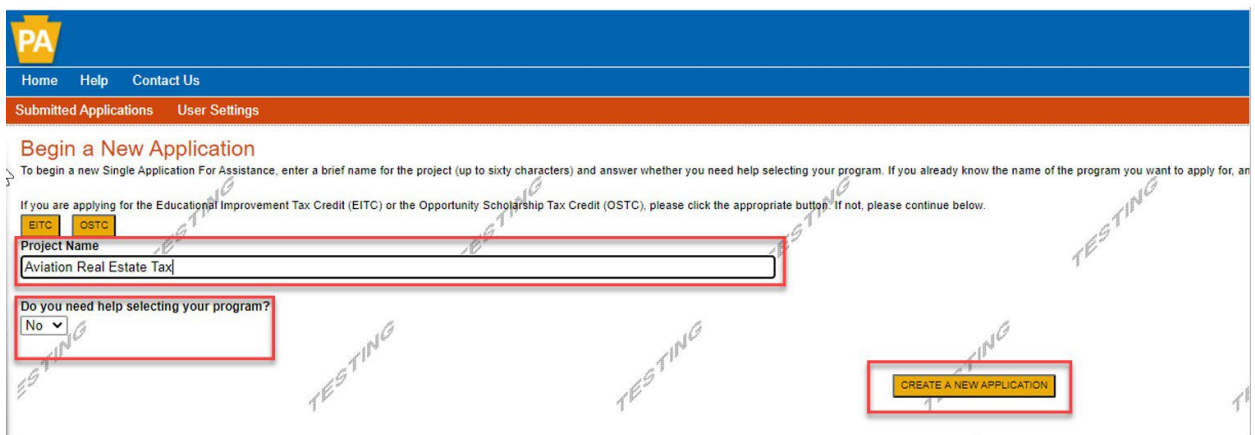
PennDOT Bureau of Aviation is accepting applications for **Aviation Real Estate Tax Reimbursement - Reimbursement Request** for public airports which are aviation-related areas. To receive reimbursement of taxes paid, the airport owner will confirm their existing agreement with the Department and provide all necessary supporting tax documentation. Reimbursement is limited to local real estate taxes paid only on those areas of airport property that have direct aviation-related use. To apply for funding, applicants must have a Keystone Login account.

How to Apply for Real Estate Tax Reimbursement – Reimbursement Request

Pennsylvania’s Aviation Real Estate Tax Reimbursement – Reimbursement Request requires all applications to be filed electronically using the eGrants Public Portal Interface at <https://grants.pa.gov/>. Applications are best applied by using **Edge and Chrome**.

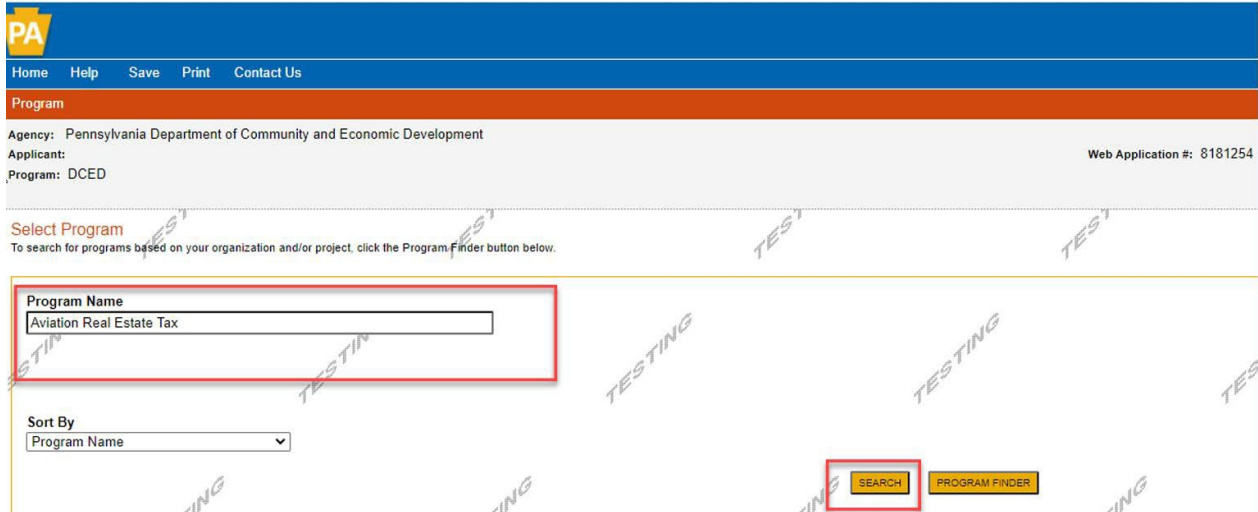
Log in to the Aviation Real Estate Tax Reimbursement Application Site and Complete the Application

- Log into the eGrants Public Portal Interface at <https://grants.pa.gov/> with your Keystone username and password. Enter the Project Name, select No in the “Do you need help selecting your program?” dropdown and click **“CREATE A NEW APPLICATION.”**



The screenshot displays the 'Begin a New Application' form in the eGrants Public Portal. At the top, there is a blue header with the 'PA' logo and navigation links for 'Home', 'Help', and 'Contact Us'. Below this is an orange bar with 'Submitted Applications' and 'User Settings' tabs. The main content area is titled 'Begin a New Application' and contains instructions: 'To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, and if you are applying for the Educational Improvement Tax Credit (EITC) or the Opportunity Scholarship Tax Credit (OSTC), please click the appropriate button. If not, please continue below.' There are two buttons for 'EITC' and 'OSTC'. The 'Project Name' field is a text input box containing 'Aviation Real Estate Tax'. Below it is a dropdown menu for 'Do you need help selecting your program?' with 'No' selected. A yellow 'CREATE A NEW APPLICATION' button is located at the bottom right of the form area. The entire page is overlaid with a large, diagonal 'TESTING' watermark.

- Enter “Aviation Real Estate Tax” under the Program Name section and click “Search.”



- Click on the Apply button next to **“Aviation Real Estate Tax Reimbursement Program – Reimbursement Request.”**

Aviation Real Estate Tax Reimbursement Program – Reimbursement Request
Pennsylvania Department of Transportation



To receive reimbursement of taxes paid, the airport owner will confirm their existing agreement with the Department and provide all necessary supporting tax documentation. Reimbursement is limited to local real estate taxes paid only on those areas of airport property that have a direct aviation-related use. Instructions for the program can be found here: [Reimbursement Application Instructions](#)

- Answer the questions in the pre-application requirements section below and click Continue. Before the grantee submits a reimbursement request, they need to have a separate agreement for the 10-year guarantee that the grantee and department sign separately.

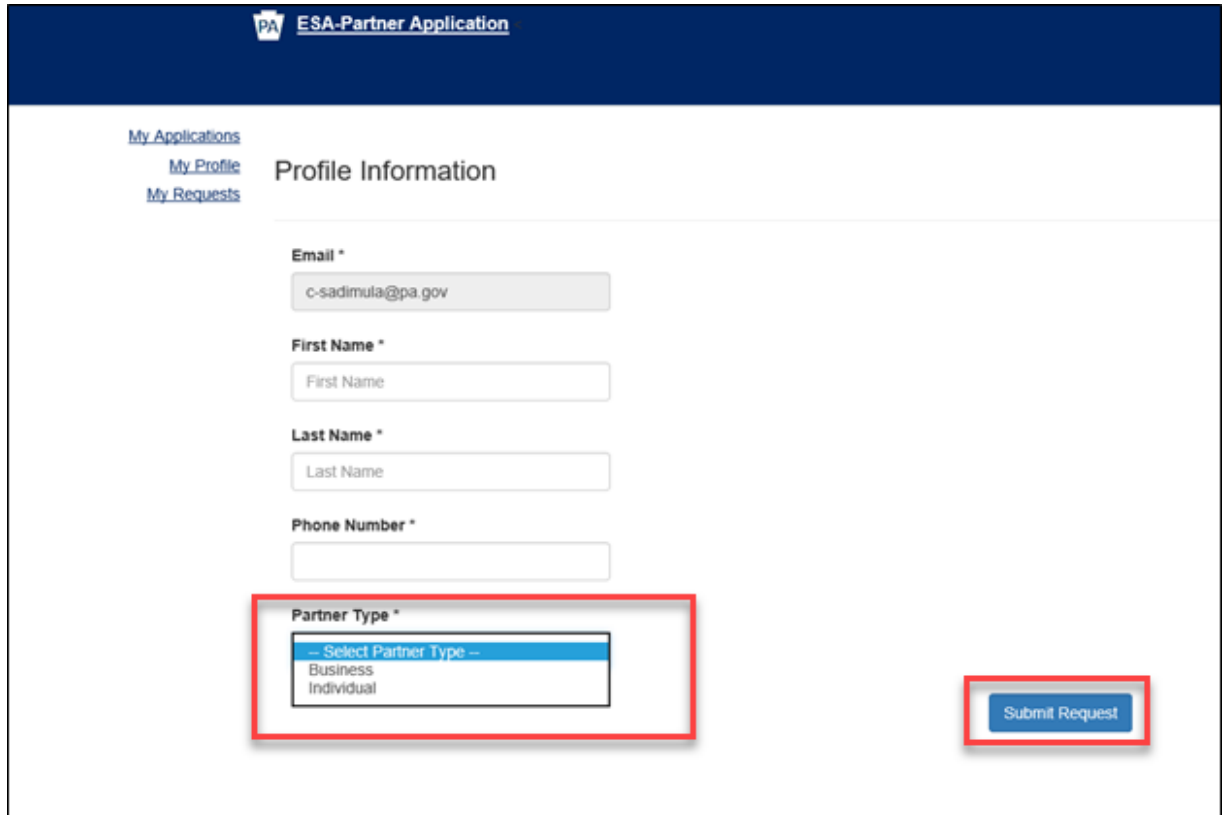
Please follow the steps below to find the grant agreement number.

1. Click on the link : <https://apps.grants.pa.gov/esa-partner> and log in to the portal using Keystone Login ID. Website is best applied for by using Edge and Chrome.

Notes:

- **The first-time user needs to set up their profile in the Partner Portal, please proceed to Step 2 as listed below.**
 - **If the applicant has an existing Keystone Login ID and they are NOT a first-time user of the Partner Portal, please proceed to Step 6 as listed below.**
2. After the user logs in back to the Partner Portal with the new Username and Password, the system will take the user to the page where the partner profile needs to be set up. The next section shows the required steps to create a user profile in the Partner Portal.

Creating User Profile

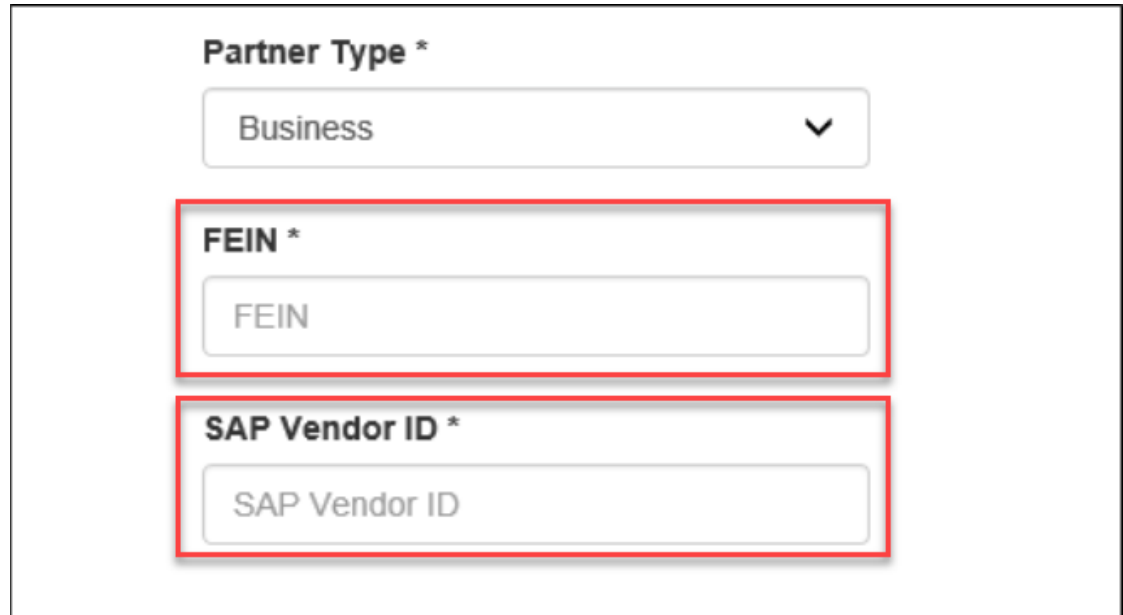


The screenshot shows the 'ESA-Partner Application' interface. On the left, there are navigation links: 'My Applications', 'My Profile', and 'My Requests'. The main heading is 'Profile Information'. Below this, there are several input fields: 'Email *' (containing 'c-sadimula@pa.gov'), 'First Name *' (containing 'First Name'), 'Last Name *' (containing 'Last Name'), and 'Phone Number *' (empty). Below these is a 'Partner Type *' dropdown menu with options: '-- Select Partner Type --', 'Business', and 'Individual'. A red box highlights the dropdown menu. To the right of the dropdown is a 'Submit Request' button, also highlighted with a red box.

3. Enter your First and Last Name in the field.
4. Enter the Phone Number in the field.
5. Select Partner Type from the dropdown option. Users can choose **Business** or **Individual**.

a. Business Partner Type

If the user chooses Business in the Partner Type field, they are required to enter their business's FEIN and SAP Vendor ID and click Submit Request as shown in the below screenshot.



Partner Type *

Business

FEIN *

FEIN

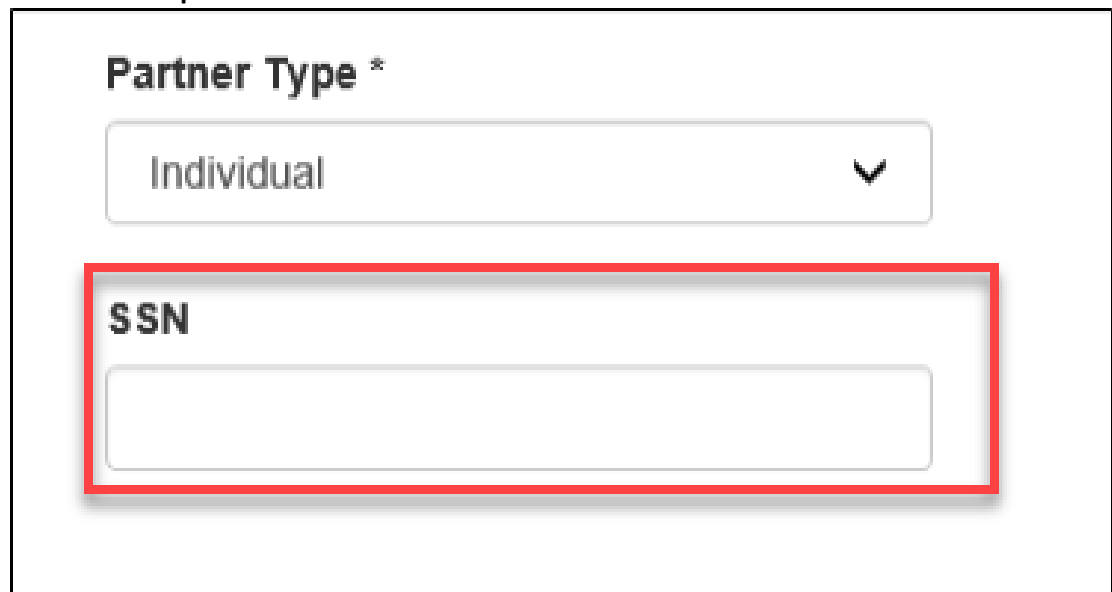
SAP Vendor ID *

SAP Vendor ID

b. Individual Partner Type

If the user chooses Individual in the Partner Type field, they may enter their Social Security Number (SSN) and click Submit Request as shown in the below screenshot.

Note: SSN is an optional field.



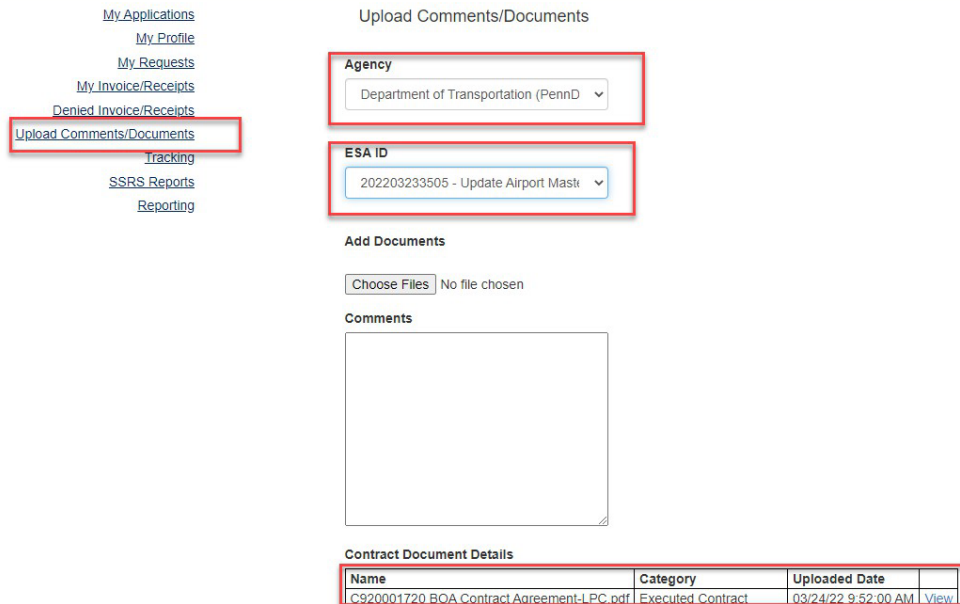
Partner Type *

Individual

SSN

6. Grantee clicks on the Upload Comments/Documents link as shown below.
7. Select Department of Transportation (PennDOT) from the Agency dropdown and ESA ID (a Single Application Id # from Aviation Tax Rebate Reimbursement – Agreement application).
8. Click View and review the document under the “Executed Contract” category that name ends with “LPC” in the Contract Document Details section as shown below. In this example, C920001296 is the

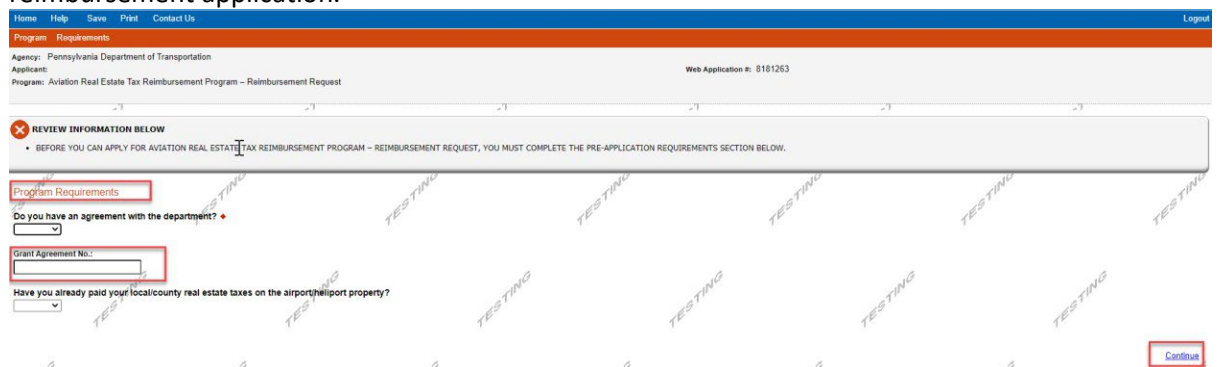
grant agreement number. The grant agreement number can also be found at the top right corner of the document, field name **CONTRACT #:**



Name	Category	Uploaded Date	
C920001720 BOA Contract Agreement-LPC.pdf	Executed Contract	03/24/22 9:52:00 AM	View

Enter the agreement number in the “Grant Agreement No.” field as shown below.

Note: once the agreement is approved, please use the agreement to apply for each subsequent reimbursement application.

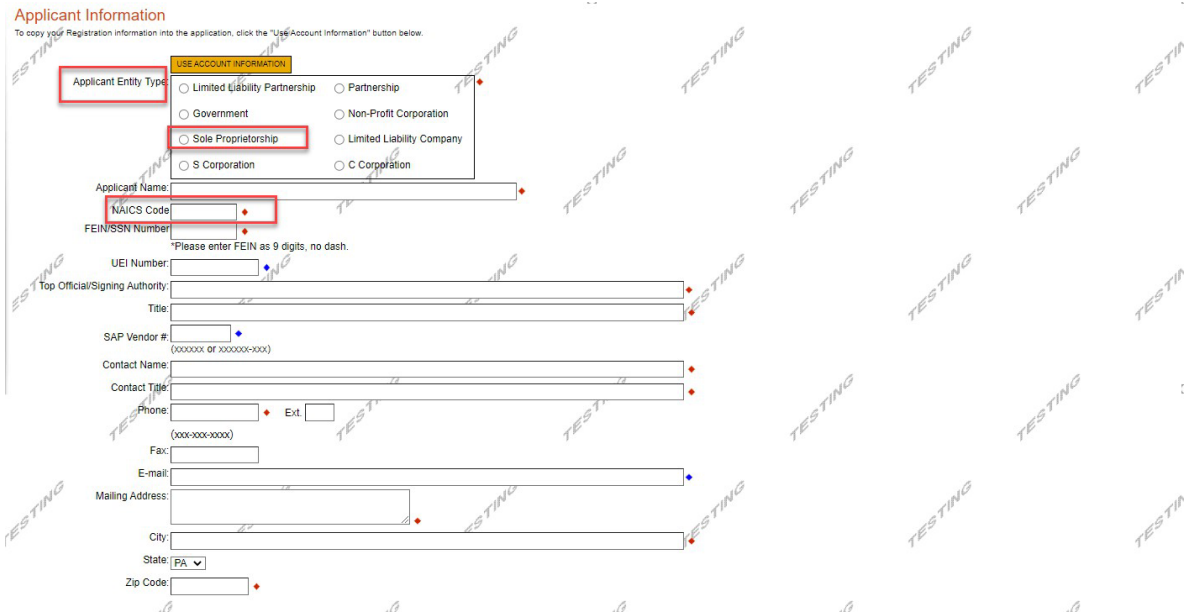


- Navigate through the eight (8) application sections using the top row of orange tabs or the **Continue** button at the bottom of each section:

1. **Applicant:** select “Sole Proprietorship” in the Applicant Entity Type, enter “8141” in the NAICS code field, complete other required information, and click Continue.

Notes:

1. **Applicant information should specify the airport name/address.**
2. **Enter the contact email address in the “E-mail” field.**



Applicant Information
To copy your Registration information into the application, click the "Use Account Information" button below.

USE ACCOUNT INFORMATION

Applicant Entity Type: Limited Liability Partnership Partnership
 Government Non-Profit Corporation
 Sole Proprietorship Limited Liability Company
 S Corporation C Corporation

Applicant Name: _____

NAICS Code:

FEIN/SSN Number: _____
*Please enter FEIN as 9 digits, no dash.

UEI Number: _____

Top Official/Signing Authority: _____

Title: _____

SAP Vendor #: _____
(xxxxxxx of xxxxxx-xxxx)

Contact Name: _____

Contact Title: _____

Phone: _____ Ext. _____
(xxx-xxx-xxxx)

Fax: _____

E-mail: _____

Mailing Address: _____

City: _____

State:

Zip Code: _____

2. Company:

- If the company name/address is different from the airport, please fill out this section as shown below.

Note:

1. Select "Sole Proprietorship" in the Applicant Entity Type, enter "8141" in the NAICS code field, choose others in Enterprise Type, complete other required information, and click Continue.
2. If the company name/address is different from the airport, to ensure your subsequent requests for reimbursement process properly, please update the details on the Commonwealth vendor system (also known as SAP Vendor account) to reflect both company and airport information. If you need to change a payment address or create a new payment address, information and forms to complete the change can be found at:
<https://www.budget.pa.gov/Services/ForVendors/Pages/Non-Procurement-Help.aspx>. Discrepancies between your tax documents, reimbursement request, and/or vendor account details will result in delays and possible denial of your reimbursement.

- If the company name/address are same as the airport, click on the "Copy from Applicant" option as shown below. Click Continue.

Aviation Real Estate Tax Reimbursement – Reimbursement Request Instructions

Company Information

Company Entity Type: COPY FROM APPLICANT

Limited Liability Partnership Partnership
 Government Non-Profit Corporation
 Sole Proprietorship Limited Liability Company
 S Corporation C Corporation

Company Name: _____

NAICS Code _____
 FEIN: _____
*Please enter FEIN as 9 digits, no dash.

UEI Number: _____

Top Official/Signing Authority: _____

Title: _____

SAP Vendor #: _____
(xxxxxx or xxxxxx-xxx)

Contact Name: _____

Contact Title: _____

Phone: _____ Ext. _____
(xxx-xxx-xxxx)

Fax: _____

E-mail: _____

Mailing Address: _____

City: _____

State: PA

Zip Code: _____

Business Specifics

Current # of Full-time Employees:

(in PA): _____

(World Wide): _____

Minority Owned: No Yes - (Ethnicity is optional) N/A

Select _____

Woman Owned: No Yes N/A

Total Sales \$: _____

Total Export Sales \$: _____

R&D Investment: _____ (% of Budget)

R&D Investment (% of Budget)

Employee Training Investment (% of Budget)

Enterprise Type

Indicate the types of enterprises that describe the organization listed above. You may select more than one type.

<input type="checkbox"/> Advanced Technology	<input type="checkbox"/> Air Processor	<input type="checkbox"/> Air Producer	<input type="checkbox"/> Authority	<input type="checkbox"/> Biotechnology / Life Sciences
<input type="checkbox"/> Business Financial Services	<input type="checkbox"/> Call Center	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Commercial	<input type="checkbox"/> Community Dev. Provider
<input type="checkbox"/> Computer & Online Operations	<input type="checkbox"/> Delivery Related	<input type="checkbox"/> Economic Dev. Provider	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Emergency Responder
<input type="checkbox"/> Foodservice and Concessions	<input type="checkbox"/> Energy Facility	<input type="checkbox"/> Equipment/Manufacturing	<input type="checkbox"/> Health Service	<input type="checkbox"/> Flight/Training
<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Hospital	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Mining	<input type="checkbox"/> Other	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Recycling	<input type="checkbox"/> Regional & National Headquarters
<input type="checkbox"/> Research & Development	<input type="checkbox"/> Other	<input type="checkbox"/> Social Services Provider	<input type="checkbox"/> Supplier/Provider	<input type="checkbox"/> Wholesale & Retailer

3. Project Overview: select the number of site locations involved in the project as shown below. Click Continue.

Project Overview

Project Name:

Is this project related to another previously submitted project?

If yes, indicate previous project name:

Have you contacted anyone at PennDOT about your project?

If yes, indicate who:

Is your community certified through Sustainable Pennsylvania?

If yes, what level:
 Bronze Silver Gold Platinum

Are you interested in applying for multiple funding sources for this project?
You are only permitted to apply for one program per application. By answering "Yes", you will be given the ability to apply for an additional program on the Certification page after this application has been submitted.

How many Site Locations are involved in the project?

4. **Project Site:** enter Address, City, and Zip Code and select County and Municipality for each site location selected in the Project Overview tab. Click Continue.
Note: Address, City, and Zip Code are not required fields.

Project Site Location(s)

Site 1

Address:

City:

State: PA

Zip Code:

County:

Municipality:

PA House:

PA Senate:

Designated Areas:

<input type="checkbox"/> Act 47 Distressed Community	<input type="checkbox"/> Brownfield
<input type="checkbox"/> Enterprise Zone	<input type="checkbox"/> Greenfield
<input type="checkbox"/> Keystone Innovation Zone	<input type="checkbox"/> Keystone Opportunity Zone
<input type="checkbox"/> Prime Agricultural Area	<input type="checkbox"/> Uses PA Port

5. **Narrative:** click Continue.

Project Narrative

Adequate answers to the Project Narrative questions below are required. Uploaded attachments or mailed documents are no longer permitted in this section of the application. If a more detailed narrative is required for the Program selected, instructions will either be provided in the Addenda section or the Program Guidelines.

Project Description

Description of Proposed Project:

Character Count: 132/2000 characters

6. **Addenda:**
- Download, complete, and upload the worker protection form.

- Select the number of parcels for which the reimbursement is being requested. Enter the required information and upload a copy of the tax form and tax payment verification for each parcel. Click Continue.

Note: if the user selects more than one parcel, they will need to enter the multiple parcel information and upload the related tax form and tax payment verification documents.

Addenda

Below are additional application requirements specific to the program you selected. If you are having problems completing the Addenda because your organization or project do not meet the requirements listed below, please try [changing your program](#).

1. Please Download, complete and upload the Worker Protection Form. Use the link below: ♦
[Download Worker Protection Form.pdf](#)

Upload Files
 Use the control below to select your file. Each file can be no larger than 30MB.

File #1 No file chosen

Parcel Details

Please select the no. of Parcels for which the Reimbursement are being requested? ♦

1. Land Identifier:

Parcel No.:	Total Acreage (from tax receipts)
<input type="text"/>	<input type="text"/>

2. Tax Receipt Information:

County Taxes:	County Tax Late Fees:	County Tax Paid Date:	Municipal Taxes:	Municipal Tax Late Fees:	Municipal Tax Paid Date:	School Taxes:	School Tax Late Fees:	School Tax Paid Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A. Total Taxes Paid (per tax receipts) B. Total Late Fees C. Total Eligible Taxes Paid
 0.00 0.00 0.00

3. Assessments from Tax Receipts:

Land Assessment: Improvement Assessment:

Total Assessment:
0.00

4. Document Uploads:

A. Please upload a copy of the tax form and proof of payment:

Upload Files
 Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

B. Please upload the County office property record:

Upload Files
 Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

7. Signing Authority: enter the authorized official user(s) information. Click Continue.

[Program](#) | [Requirements](#) | [Applicant](#) | [Company](#) | [Project Overview](#) | [Project Site](#) | [Narrative](#) | [Addenda](#) | [Signing Authority](#) | [Certification](#)

Agency: Pennsylvania Department of Transportation
 Applicant: North Central Highway Safety Network, Inc.
 Company: North Central Highway Safety Network, Inc.
 Program: Aviation Real Estate Tax Reimbursement Program – Reimbursement Request

Web Application #: 8185980

Red Diamond (♦) = Required Field
 Blue Diamond (◆) = Conditional Required Field.

Signing Authority

Signing Authority ♦

Title ♦	First Name ♦	Last Name ♦	Email ♦
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No data has been entered.

Continue

8. Certification: Click the Electronic Signature Agreement checkbox and select the applicable option. Click the Notice checkbox and then click “Submit Application.”

Application Certification

All of the required sections of the web application have been completed. If you have reviewed the application, you may submit it for processing. After submitting, you will no longer be able to make changes.

Electronic Signature Agreement:
 By checking this box and typing your name in the below textbox, I hereby certify that all information contained in the single application and supporting materials submitted via the Internet and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certify that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

I am the applicant.
 I am an authorized representative of the company, organization or local government.

Type Name Here:

Electronic Attachment Agreement:
 NOTICE
 By submitting an application for this grant program Applicant expressly acknowledges and confirms that the signatures affixed to any document submitted to the Pennsylvania Department of Transportation (PennDOT) through eGrants comply with all legal requirements applicable to the Applicant organization and are legally binding. PennDOT will rely on the signatures as originating from persons possessing requisite legal authority to contractually bind the Applicant, and if awarded a grant, the Grantee.

You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.

Note: After application submission, the system generates a Single Application Id # and a Web Application Id # as shown in the below screenshot. Please keep the web application Id # for future reference.

Application Certification

Single Application ID #: 202210314199

I have certified that all information contained in the single application and supporting materials submitted via the Internet, Single Application # 202210314199 and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certify that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

NOTICE
 By submitting an application for this grant program Applicant expressly acknowledges and confirms that the signatures affixed to any document submitted to the Pennsylvania Department of Transportation (PennDOT) through eGrants comply with all legal requirements applicable to the Applicant organization and are legally binding. PennDOT will rely on the signatures as originating from persons possessing requisite legal authority to contractually bind the Applicant, and if awarded a grant, the Grantee.

You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.

[Print Signature Page only](#)
[Print Entire Application with Signature Page](#)

The signature page or full application may also be printed/saved from the links above. You may also print/save previously submitted applications from the Home page. Click the link labeled "Submitted Applications" in the top toolbar.

Questions

All questions regarding the program should be directed to:

Justin Palmer - PennDOT
(717) 705-1237 | jupalmer@pa.gov

Tony McCloskey - PennDOT
(717) 705-1200 | amccloskey@pa.gov

All questions regarding the application submission process should be directed to:

Heather Graham – PennDOT
(717) 705-1191 | HEGRAHAM@pa.gov